

Appendix E: Physical Activity Promotion at Home, School and Community



Altoona School District
1903 Bartlett Ave Altoona, WI 54720
School Health Service



Dear Parents,

Altoona Middle School is starting a new event named Movin' and Munchin'. Movin' and Munchin' is an innovative approach to assess the growing problem of obesity, poor nutrition choices and lack of activity among school children.

The program can and hopefully will include students, family members, friends, and staff members.

The program was developed by the Wisconsin Dept. of Public Instructions, and sponsored by WI Dept of Health and Family Services, WEA Trust, Governors Council on Physical Fitness and Health and WAHPERD.

It involves two components, Movin'---physical activity and Munchin'---healthy eating education and choices.

The program will begin in February 16, 2009 and end April 30, 2009. There will be point related activities in which students will need to keep logs of what they do physically and nutritionally after school. The point sheets will be kept in their classrooms and be logged daily. Weekly totals will produce a classroom and grade level winners!

It will be a fun, competitive, educational, and health beneficial experience!

Sincerely,

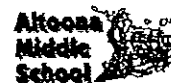
The AMS Movin' and Munchin' Team

Below is a sample point sheet for your reference:

Movin' per 15 min of activity after school	Points each day	Munchin'	Points each day
Walk	1	Eats breakfast add a point for eating a fruit or vegetable	1 or 2
Walk with family member	1 per person	Eats fruit and vegetable portion at every meal	2
Bike/Ski/Sled/Skate	2	Chooses a fruit or vegetable snack	1
Play soccer/softball/ baseball/ tennis/track	2	Goes one week without soda	15
Dance	1	Drink 5 glasses (8 oz) of water or (Low fat milk) per day	1
Jump rope	3	Eats meal with family without TV	2
Play basketball	2	Try a new fruit or vegetable	1
Add your own(write example)	2	Add your own(write example)	2

Altoona Middle School Movin' and Munchin'

Healthy Family Pledge



As a family we have discussed the importance of regular physical activity and recognize the importance of eating 5 or more servings of fruit and vegetables every day. We have learned that children and adults should strive for physical activity each day to promote good health.

We pledge as a family to become healthier.

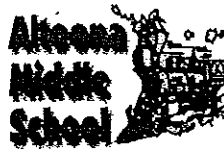
I pledge to be a role model for my family by physical activity and eating fruits and vegetables every day. I will try my best to help my family eat healthy and be physically active every day so that we will all be healthy.

I pledge to help my child reach his/her physical activity and nutrition wellness goal. I promise to reinforce the importance of regular physical activity and give a day for a healthy nutrition plan.

Child's Signature

Parent's Signature

Return this part to school



Altoona School District
1903 Bartlett Ave Altoona, WI 54720
School Health Service

Dear Teachers,

This letter is about **Movin' and Munchin'** at AMS grade 5 to 8.

Movin' and Munchin' involves two components, Movin'---physical activity and Munchin'---healthy eating education and choices.

The program will begin in **February 16, 2009** and end **April 30, 2009**. There will be point related activities in which students will need to keep logs of what they do physically and nutritionally after school. The point sheets will be kept in their classrooms and be logged daily. Weekly totals will produce a classroom and grade level winners!

It will be a fun, competitive, educational, and health beneficial experience!

The directions for the teachers are as follows:

- ✓ Each student will have their own file folder which they will write their name on the tab.
 - ✓ Each student will have an Activity Log with the information completed at the top of the form (name, grade, teacher, date).
 - ✓ A Classroom Log will also be in that group of files.
 - ✓ On Mondays, each home room teacher will ask their students to write the date of the week, record their points for the week, and total them. The students will then put the form in the folder and back in the place where the teacher keeps the folders.
 - ✓ On Mondays, after 10:00 volunteers will collect the group of folders and tabulate them. Please direct the volunteers to where the folders are kept.
 - ✓ On Tuesdays, an announcement will be made about the winning classes.
- ☺ There will be a "Try and Taste" time during 5 lunch periods during the 10 weeks. This will focus on fruits or vegetables that students may have not tried to taste in the past. This will be done on every other Wednesday. That fruit or vegetable will be "Star of that WEEK"
 - ☺ AMS students are also learning one classroom yoga stretch per week in Physical Ed for the next 10 weeks. Why do we do yoga? Yoga helps people get stronger, more flexible, more focused and more relaxed. Learning how to concentrate and focus can help students focus on one thing at a time can help with school and with homework. Classroom yoga can start the week of 2/23/09 if you choose to include it.
 - ☺ Students and staff can view Nutrition Fact PowerPoint running during the lunch times.
 - ☺ There will be a drawing for returned Family Pledges for a prize.
 - ☺ AMS students will be asked to collect Banana Stickers and place them on a Poster Banana for all to see. (Courtesy of Tom Burgraff)
 - ☺ The School Store will be arranging their products to market A+ Choices.*
 - ☺ A+ Choices.* are going to be encouraged and supported.
 - ☺ If you want to give out extra credit, there is a Create your own Fruit or Vegetable worksheet available.

Any extra push to get kids moving and eating right is always encouraged!
Add your own ideas to the project!!!!

Thanks for your support.
The Movin' and Munchin' Team



CHOICE

There so many product options on packages;
hard to make healthy food choices with ease.
This logo is a quick easy way to identify foods
that can be a part of a healthy diet.

Means:

That the individual food item is:

- is lower in fat <10grams/serving
- is lower in calories <200 /serving
- may contain whole grain noted on the label
- may contain a source dietary fiber
- is a fruit or vegetable



Movin' and Munchin' Activities Log

Name: _____

Grade and Teacher _____

Start Date: 2/16/09

Week of _____	Activities and Amount of Time Movin' Points Munchin' Pts		Movin' or Munchin' Points Total
Monday (Day One)			
Tuesday (Day Two)			
Wednesday (Day Three)			
Thursday (Day Four)			
Friday (Day Five)			
Saturday (Day Six)			
Sunday (Day Seven)			
○○○○○○○○○○○○○○○○○○	Student total for week		

Week of _____	Activities and Amount of Time Movin' Points Munchin' Pts.		Movin' or Munchin' Points Total
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Point sheet:

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Play basketball	2	Try a new fruit or vegetable	1
Write your own example	2	Write your own example	2



Teacher:

Classroom Record Movin'and Munchin' Start Date: 2/16/09 End Date:4/30/09[illegible]



Master Point Sheet

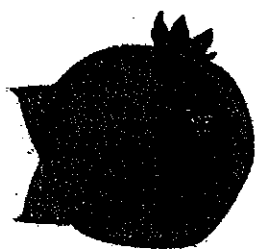
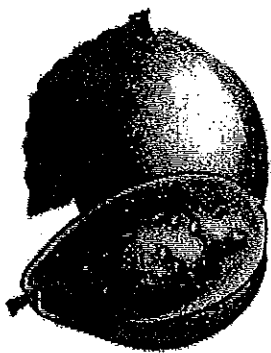
1903 Bartlett Ave Altoona, WI 54720

5th Grade

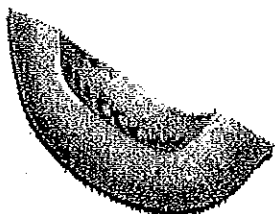
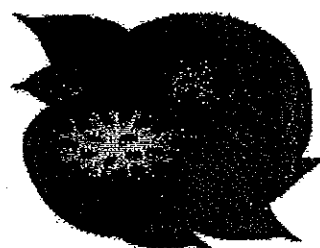
Start Date: 2/16/09

End Date:4/30/09

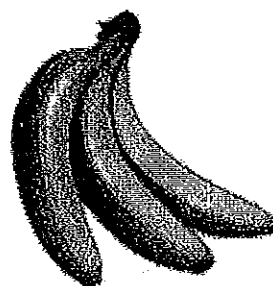
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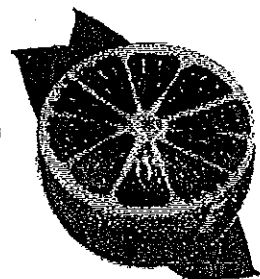
Try



and

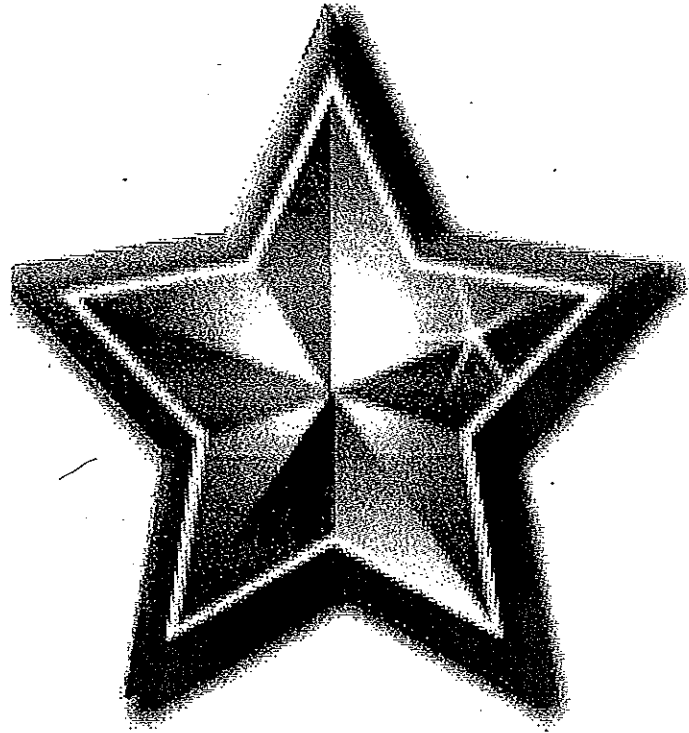


Taste!





Fruit or Veggie



Star
of the
Week

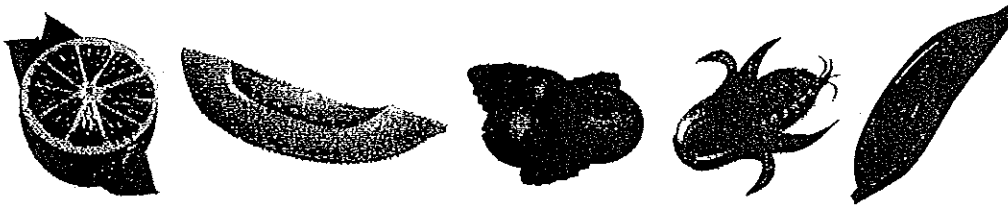
Newsletter for Parents / Stuff



5-9-A-DAY!


Have you heard about the recommended daily amount of fruits and vegetables that we all need? Do you eat "5-9 a day?" Do your kids? Studies show too few kids actually eat 5-9 servings of fruits and vegetables.

Of course, you've heard parents are their child's first teachers, but you probably thought that meant "reading, 'riting, and 'rithmetic." But, ahhaa! When parents eat fruits and vegetables, kids are more likely to eat them too! Serve up and dig in together!





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on packages — it's hard to make healthy food
choices with confidence.**

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that can be a part of a healthy diet.

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- ✓ is lower in fat < 10 grams/serving
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- ✓ may contain whole grain noted on the label
- ✓ may contain a source dietary fiber
- ✓ a fruit or vegetable

Appendix I: Parent Health and Safety Survey

SURVEY ABOUT WALKING AND BIKING TO SCHOOL

- FOR PARENTS -

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5 - 10 minutes to complete. We ask that each family complete only one survey per school your children attend. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results. **Thank you for participating in this survey!**

School Name:

Completing this form: Please write with CAPITAL letters. Mark boxes with "X" instead of "✓".

1. What is the grade of the child who brought home this survey? (K - 8) grade
2. Is the child who brought home this survey male or female? ☐ MALE ☐ FEMALE
3. How many children do you have in Kindergarten through 8th grade? children
4. What is the street intersection nearest your home? (provide the names of two intersecting streets)

	AND	
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5. How far does your child live from school? (choose one and mark box with X)

- | | | |
|---|---|---|
| <input type="checkbox"/> a. less than 1/4 mile | <input type="checkbox"/> c. 1/2 mile up to 1 mile | <input type="checkbox"/> e. More than 2 miles |
| <input type="checkbox"/> b. 1/4 mile up to 1/2 mile | <input type="checkbox"/> d. 1 mile up to 2 miles | <input type="checkbox"/> f. Don't know |

6. On most days, how does your child arrive at school and leave for home after school? (select one choice per column, mark box with X)

Arrive at school	Leave for home
<input type="checkbox"/> a. Walk	<input type="checkbox"/> a. Walk
<input type="checkbox"/> b. Bike	<input type="checkbox"/> b. Bike
<input type="checkbox"/> c. School Bus	<input type="checkbox"/> c. School Bus
<input type="checkbox"/> d. Family vehicle (only with children from your family)	<input type="checkbox"/> d. Family vehicle (only with children from your family)
<input type="checkbox"/> e. Carpool (riding with children from other families)	<input type="checkbox"/> e. Carpool (riding with children from other families)
<input type="checkbox"/> f. Transit (city bus, subway, etc.)	<input type="checkbox"/> f. Transit (city bus, subway, etc.)
<input type="checkbox"/> h. Other (skateboard, scooter, inline skates, etc.)	<input type="checkbox"/> h. Other (skateboard, scooter, inline skates, etc.)

7. How long does it normally take your child to get to/from school? (fill-in circle for one choice per column)

Travel time to school	Travel time from school
<input type="checkbox"/> a. Less than 5 minutes	<input type="checkbox"/> a. Less than 5 minutes
<input type="checkbox"/> b. 5 - 10 minutes	<input type="checkbox"/> b. 5 - 10 minutes
<input type="checkbox"/> c. 11 - 20 minutes	<input type="checkbox"/> c. 11 - 20 minutes
<input type="checkbox"/> d. More than 20 minutes	<input type="checkbox"/> d. More than 20 minutes
<input type="checkbox"/> e. Don't know / Not sure	<input type="checkbox"/> e. Don't know / Not sure

8. Has your child asked you for permission to walk or bike to/from school in the last year? (select one)

☐ YES ☐ NO

9. At what grade would you allow your child to walk or bike without an adult to/from school?

(select a grade between K - 8) grade (or ☐ I would not feel comfortable at any grade)

10. Which of the following issues affected your decision to allow, or not allow, your child to walk or bike to/from school?
(select all that apply, mark with X in box)

- ☒ Distance
- ☐ Convenience of driving
- ☐ Time
- ☐ Child's before or after-school activities
- ☒ Speed of traffic along route
- ☐ Amount of traffic along route
- ☐ Adults to walk or bike with
- ☐ Sidewalks or pathways
- ☒ Safety of intersections and crossings
- ☐ Crossing guards
- ☒ Violence or crime
- ☐ Weather or climate

11. Would you probably let your child walk or bike to/from school if this problem were changed or improved? (select one choice per line)

(☐ My child already walks or bikes to/from school)

- | | | |
|---|--|-----------------------------------|
| <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> Not Sure |

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school? (select one, mark with X in box)

Strongly Encourage ☐ Encourage ☐ Neither ☐ Discourage ☐ Strongly Discourage ☐

13. How much FUN is walking or biking to/from school for your child? (select one)

Very Fun ☐ Fun ☐ Neutral ☐ Boring ☐ Very Boring ☐

14. How HEALTHY is walking or biking to/from school for your child? (select one)

Very Healthy ☐ Healthy ☐ Neutral ☐ Unhealthy ☐ Very Unhealthy ☐

15. What is the highest grade or year of school you completed? (select one, mark with X in box)

- | | |
|---|--|
| <input type="checkbox"/> Grades 1 through 8 (Elementary) | <input type="checkbox"/> College 1 to 3 years (Some college or technical school) |
| <input type="checkbox"/> Grades 9 through 11 (Some high school) | <input type="checkbox"/> College 4 years or more (College graduate) |
| <input type="checkbox"/> Grade 12 or GED (High school graduate) | <input type="checkbox"/> Prefer not to answer |

16. Please provide any additional comments below:

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Thank you for participating in this survey!